

# **SPECIAL FEATURES OF YOUR STATE OF DELAWARE PRESCRIPTION DRUG BENEFIT**

The State of Delaware has designed a comprehensive prescription drug program over the last 8 years. With each program there is a Coverage Review Process available. We hope this summary will help you to understand the Coverage Review Process.

The ***Coverage Review Program*** is designed to ensure that plan participants are receiving prescription medication that results in appropriate, cost-effective care. If you are taking any of these medications, Medco will review prescriptions for these medications with your doctor before they can be filled under your plan, since more information than what is on a prescription is needed. The coverage review process uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective.

If you submit a prescription to a retail pharmacy for a medication that requires a coverage review, you, your doctor or the pharmacist can initiate a review. To start the review process or for more information, please call Medco toll-free at 1-800-753-2851 between 8:00 a.m. and 9:00 p.m., Eastern time, Monday through Friday. If you use Medco By Mail, Medco will call your doctor to start the review process for you. The coverage review process normally takes two business days to complete upon receipt of the necessary information. Upon completion of the review, Medco will send you and your doctor a letter confirming whether or not the coverage was approved.

While the review process is pending, you will be responsible for the full cost of the medication at the retail pharmacy if you need the prescription filled immediately. If coverage is approved prior to picking up the prescription, you will pay your normal copay only. If you pay the full cost of the medication at the retail pharmacy and then learn that coverage is approved, you may send your receipt and claim form to Medco for processing of a reimbursement. If coverage is not approved, you will remain responsible for the full cost of the medication.

***Traditional Prior Authorization*** requires that you obtain pre-approval through a coverage review. The review will determine whether your plan covers your prescribed medication. Below are examples of common medications that may require prior authorization:

- *Botox*<sup>®</sup> and *Myobloc*<sup>®</sup>
- *Regranex*<sup>®</sup>
- *Synagis*<sup>®</sup> and *Respigam*<sup>®</sup>
- *Xolair*<sup>®</sup>
- Medications that have cosmetic uses (such as *Retin-A*<sup>®</sup>, *Avita*<sup>®</sup> and *Tazorac*<sup>®</sup>)
- Erythroid stimulants (such as *Epogen*<sup>®</sup> and *Procrit*<sup>®</sup>) used for certain anemias
- Growth hormones (such as *Humatrope* used to stimulate skeletal growth)
- Psoriasis medications (such as *Raptiva*<sup>®</sup> and *Amevive*<sup>®</sup>)

## ***Choice Program ....Generic vs. Brand Drugs***

If you purchase a brand-name medication when a generic equivalent is available, you will be responsible for the generic copay plus the cost difference between the generic and the brand-name medication. If there is a medical reason why you cannot take the generic equivalent, you, your doctor or your pharmacist may initiate the Coverage Review Process to allow you to obtain the brand name drug at the copay assigned to non-preferred or non-formulary medications.

### ***Smart Prior Authorization and Step Therapy***

For some medications, an automated process is used to determine whether you qualify for coverage using factors Medco has on file, such as medical history, drug history, age and gender. If your history does not qualify you for coverage, a prior authorization is required to permit coverage. For Step Therapy, for instance, certain medications may not be covered unless you have first tried another medication or therapy. The following examples are medications that are part of this process:

- *Forteo*<sup>®</sup>
- *Revatio*<sup>™</sup>
- COX-II Inhibitors (such as *Celebrex*<sup>®</sup>)
- Injectable rheumatoid arthritis medications (such as *Kineret*<sup>®</sup>, *Enbrel*<sup>®</sup>, *Remicade*<sup>®</sup>, *Humira*<sup>®</sup>)
- Select Proton Pump Inhibitors (such as *Aciphex*<sup>®</sup>, *Prevacid*<sup>®</sup>, *Protonix*<sup>®</sup>)
- Select Antidepressants (such as *Lexapro*<sup>®</sup>)

***If you would like additional information about drugs in the categories above and the first line alternatives, contact Medco at 1-800-939-2142.***

### ***Authorization for Additional Quantity of Medication***

For some medications, your plan may cover a limited quantity within a specified period of time. The medications listed below are authorized for limited quantity only. A coverage review is needed to request additional quantities of the following medications:

- Medications used to help you sleep (such as *Ambien*<sup>®</sup>, *Lunesta*<sup>™</sup>, *Sonata*<sup>®</sup>)
- Selected antifungal medications (such as *Sporanox*<sup>®</sup>, *Diflucan*<sup>®</sup>, *Lamisil*<sup>®</sup>)
- Selected migraine medications (such as *Migranal*<sup>®</sup>, *Imitrex*<sup>®</sup>, *Zomig*<sup>®</sup>, *Maxalt*<sup>®</sup>, *Amerge*<sup>®</sup>, *Axert*<sup>®</sup>, *Frova*<sup>®</sup>, *Relpax*<sup>®</sup>)
- Selected nausea medications (such as *Anzemet*<sup>®</sup>, *Emend*<sup>®</sup>, *Kytril*<sup>®</sup>, *Zofran*<sup>®</sup>)
- Erectile Dysfunction medications (such as *Cialis*<sup>®</sup>, *Levitra*<sup>®</sup>, *Viagra*<sup>®</sup>)

***Note: All drugs and categories listed above are subject to change. If you have specific questions about the drugs and categories, please contact Medco at 1-800-939-2142.***

**To appeal the outcome of the Coverage Review Process you may send a written appeal to:**

**Medco Health Solutions, Inc.  
ATTN: Coverage Appeals  
8111 Royal Ridge Parkway  
Irving TX 75063**

**Please contact the Statewide Benefits Office at 302-739-8331 or 1-800-489-8933 with questions.**